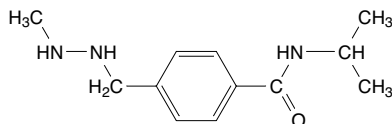


## Procarbazine and Its Hydrochloride

### CAS Nos. 671-16-9 and 366-70-1

Reasonably anticipated to be human carcinogens

First listed in the *Second Annual Report on Carcinogens* (1981)



### Carcinogenicity

Procarbazine and procabazine hydrochloride are *reasonably anticipated to be human carcinogens* based on sufficient evidence of carcinogenicity from studies in experimental animals. The names “procarbazine” and “procarbazine hydrochloride” are used interchangeably in published studies; because only procabazine hydrochloride is produced, it has been assumed that procabazine hydrochloride was the substance under study.

### Cancer Studies in Experimental Animals

Exposure to procabazine hydrochloride by intraperitoneal injection caused tumors in rats and mice at several different tissue sites. In both rats and mice, it caused cancer of the brain (olfactory neuroblastoma) and hematopoietic system (lymphoma in rats and lymphoma or leukemia in mice). In rats, it also caused mammary-gland cancer (adenocarcinoma) in both sexes. In mice, it also caused benign lung tumors (adenoma) in both sexes and uterine cancer (adenocarcinoma) in females (NCI 1979).

Since procabazine hydrochloride was listed in the *Second Annual Report on Carcinogens*, it has been reviewed several times by the International Agency for Research on Cancer, which identified additional studies in experimental animals. Administration of procabazine hydrochloride by stomach tube caused tumors at some of the same tissue sites observed for intraperitoneal injection: leukemia and benign lung tumors (adenoma) in mice of both sexes and mammary-gland cancer (carcinoma or adenocarcinoma) in female rats. In other studies in rats, transplacental exposure caused cancer of neural tissue (neurinoma), and administration by intravenous injection caused tumors in various organs (mainly kidney tumors and intra-abdominal spindle-cell sarcoma). In rhesus and cynomolgus monkeys, exposure to procabazine hydrochloride by several routes (orally or by intraperitoneal, subcutaneous, or intravenous injection) resulted in the development of acute myelogenous leukemia or lymphoma, blood-vessel cancer (hemangiosarcoma in the kidney), and bone cancer (osteosarcoma) in both sexes of both species (IARC 1981, 1982, 1987).

### Cancer Studies in Humans

The data available from epidemiological studies are inadequate to evaluate the relationship between human cancer and exposure specifically to procabazine hydrochloride. Procabazine is used mainly in combination with other chemotherapeutic agents for the treatment of Hodgkin's lymphoma; it has been used historically in combination chemotherapy with mechlorethamine (nitrogen mustard), Oncovin (vincristine), and prednisone (MOPP) and more recently with other chemotherapeutic agents. MOPP was associated with acute non-lymphocytic leukemia in a number of studies (IARC 1981); however, these studies did not permit conclusions to be drawn about the independent effects of procabazine and nitrogen mustard.

Since procabazine hydrochloride was listed in the *Second Annual Report on Carcinogens*, additional studies in humans have

been identified. In most cases, nitrogen mustard (nitrogen mustard hydrochloride), which is listed in the Report on Carcinogens as *reasonably anticipated to be a human carcinogen*, or its derivative melphalan, which is listed as *known to be a human carcinogen*, also was administered (IARC 1987). Some studies reported increased risks of secondary hematologic cancer after treatment with various procabazine-containing regimens that did not include nitrogen mustard or melphalan (Tucker *et al.* 1988, Kaldor *et al.* 1990, Hoppe 1992, Schellong *et al.* 1997, Brusamolino *et al.* 1998), but the independent effect of procabazine could not be evaluated. However, in a large case-control study, procabazine (but not nitrogen mustard) was associated with significantly increased risks of leukemia and cancer of the bones, joints, cartilage, and soft tissues in models adjusting for exposure to other drugs (Boice *et al.* 1995). No association between procabazine treatment and breast-cancer risk was observed among women with secondary breast cancer following treatment for Hodgkin's lymphoma (Travis *et al.* 2003, 2005).

### Properties

Procarbazine hydrochloride is a methylhydrazine derivative (NCI 1979) that exists at room temperature as a white to pale-yellow crystalline powder with a slight odor. It is soluble in water, methanol, chloroform, and diethyl ether and is sensitive to oxidation (IARC 1981). Physical and chemical properties of procabazine hydrochloride are listed in the following table.

Property	Information
Molecular weight	257.8 <sup>a</sup>
Melting point	223°C <sup>b</sup>
Log $K_{ow}$	-1.69 <sup>a</sup>
Water solubility	29.4 g/L at 25°C <sup>a</sup>
Vapor pressure	$1.01 \times 10^{-11}$ mm Hg at 25°C <sup>a</sup>

Sources: <sup>a</sup>ChemIDplus 2009, <sup>b</sup>Akron 2009.

### Use

Procarbazine hydrochloride is used in human medicine as an anti-neoplastic and chemotherapeutic agent. It is used in combination with other antineoplastic agents such as nitrogen mustard, vincristine, and prednisone to treat Hodgkin's disease. In the MOPP regimens, the recommended dose for adults is 100 mg/m<sup>2</sup> for 10 to 14 days (IARC 1981).

### Production

In 2009, procabazine hydrochloride was produced by two U.S. manufacturers (HSDB 2009). Three U.S. suppliers were identified for procabazine hydrochloride and one U.S. supplier for procabazine (ChemSources 2009). No other data on U.S. production, imports, or exports of procabazine hydrochloride were found. Procabazine hydrochloride is the active ingredient in one pharmaceutical product approved by the U.S. Food and Drug Administration (FDA 2009).

### Exposure

The routes of potential human exposure to procabazine hydrochloride are ingestion, inhalation, and dermal contact (HSDB 2009). For patients receiving procabazine hydrochloride as a chemotherapeutic agent, the typical initial dose of is 2 to 4 mg/kg of body weight daily, given orally in divided doses for 1 week, then 4 to 6 mg/kg daily until signs of bone-marrow depression occur. After bone-marrow recovery, treatment is resumed at a daily dose of 1 to 2 mg/kg (IARC 1981).

Occupational exposure to procabazine hydrochloride could occur during manufacture, formulation, or packaging of the drug product. The National Occupational Exposure Survey (conducted from 1981 to 1983) estimated that 1,328 workers, including 289 women,

## Report on Carcinogens, Twelfth Edition (2011)

potentially were exposed to procarbazine hydrochloride (NIOSH 1990). Health professionals, such as physicians, nurses, and pharmacists, and service workers, such as housekeepers, potentially are exposed to procarbazine hydrochloride during drug preparation, administration, and cleanup.

## Regulations

### Consumer Product Safety Commission (CPSC)

Any orally administered prescription drug for human use requires child-resistant packaging.

### Food and Drug Administration (FDA)

Procarbazine hydrochloride is a prescription drug subject to labeling and other requirements.

## Guidelines

### National Institute for Occupational Safety and Health (NIOSH)

A comprehensive set of guidelines has been established to prevent occupational exposures to hazardous drugs in health-care settings.

### Occupational Safety and Health Administration

A comprehensive set of guidelines has been established to prevent occupational exposures to hazardous drugs in health-care settings.

## References

- Akron. 2009. *The Chemical Database*. The Department of Chemistry at the University of Akron. <http://ull.chemistry.uakron.edu/erd> and search on CAS number. Last accessed: 10/27/09.
- Boice JD Jr, Travis LB. 1995. Body wars: effect of friendly fire (cancer therapy). *J Natl Cancer Inst* 87(10): 705-706.
- Brusamolino E, Anselmo AP, Klersy C, Santoro M, Orlandi E, Pagnucco G, *et al*. 1998. The risk of acute leukemia in patients treated for Hodgkin's disease is significantly higher after combined modality programs than after chemotherapy alone and is correlated with the extent of radiotherapy and type and duration of chemotherapy: a case-control study. *Haematologica* 83(9): 812-823.
- ChemIDplus. 2009. *ChemIDplus Advanced*. National Library of Medicine. <http://chem.sis.nlm.nih.gov/chemidplus/chemidheavy.jsp> and select Registry Number and search on CAS number. Last accessed: 10/27/09.
- ChemSources. 2009. *Chem Sources - Chemical Search*. Chemical Sources International. <http://www.chemsources.com/chemonline.html> and search on procarbazine. Last accessed: 10/27/09.
- FDA. 2009. *The Electronic Orange Book*. U.S. Food and Drug Administration. <http://www.fda.gov/cder/ob/default.htm> and select Search by Active Ingredient and search on procarbazine. Last accessed: 10/27/09.
- Hoppe RT. 1992. Secondary leukemia and myelodysplastic syndrome after treatment for Hodgkin's disease. *Leukemia* 6 suppl. 4: 155-157.
- HSDB. 2009. *Hazardous Substances Data Bank*. National Library of Medicine. <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?HSDB> and search on CAS number. Last accessed: 10/27/09.
- IARC. 1981. Procarbazine hydrochloride. In *Some Antineoplastic and Immunosuppressive Agents*. IARC Monographs on the Evaluation of Carcinogenic Risk of Chemicals to Humans, vol. 26. Lyon, France: International Agency for Research on Cancer. pp. 311-339.
- IARC. 1982. Procarbazine. In *Chemicals, Industrial Processes and Industries Associated with Cancer in Humans*. IARC Monographs on the Evaluation of Carcinogenic Risk of Chemicals to Humans, suppl. 4. Lyon, France: International Agency for Research on Cancer. pp. 220-221.
- IARC. 1987. Procarbazine hydrochloride. In *Overall Evaluations of Carcinogenicity*. IARC Monographs on the Evaluation of Carcinogenic Risk of Chemicals to Humans, suppl. 7. Lyon, France: International Agency for Research on Cancer. pp. 327-328.
- Kaldor JM, Day NE, Clarke EA, Van Leeuwen FE, Henry-Amar M, Fiorentino MV, *et al*. 1990. Leukemia following Hodgkin's disease. *N Engl J Med* 322(1): 7-13.
- NCI. 1979. *Bioassay of Procarbazine for Possible Carcinogenicity*. National Cancer Institute. [http://ntp.niehs.nih.gov/ntp/htdocs/LT\\_rpts/tr019.pdf](http://ntp.niehs.nih.gov/ntp/htdocs/LT_rpts/tr019.pdf).
- NIOSH. 1990. *National Occupational Exposure Survey (1981-83)*. National Institute for Occupational Safety and Health. Last updated: 7/1/90. <http://www.cdc.gov/noes/noes1/x4523sic.html>.
- Schellong G, Riepenhausen M, Creutzig U, Ritter J, Harbott J, Mann G, Gadner H. 1997. Low risk of secondary leukemias after chemotherapy without mechlorethamine in childhood Hodgkin's disease. *J Clin Oncol* 15(6): 2247-2253.
- Travis LB, Hill DA, Dores GM, Gospodarowicz M, Van Leeuwen FE, Holowaty E, *et al*. 2003. Breast cancer following radiotherapy and chemotherapy among young women with Hodgkin disease. *JAMA* 290(4): 465-475.
- Travis LB, Hill D, Dores GM, Gospodarowicz M, van Leeuwen FE, Holowaty E, *et al*. 2005. Cumulative absolute breast cancer risk for young women treated for Hodgkin lymphoma. *J Natl Cancer Inst* 97(19): 1428-1437.
- Tucker MA, Coleman CN, Cox RS, Varghese A, Rosenberg SA. 1988. Risk of second cancers after treatment for Hodgkin's disease. *N Engl J Med* 318(2): 76-81.